Sexual Assault in Massachusetts 1988-1997:

Findings from Publicly-Funded Rape Crisis Centers and the Behavioral Risk Factor Surveillance System

Massachusetts Department of Public Health

November 1999

Acknowledgements

This report was prepared by the research analyst of the sexual assault prevention and survivor services program, Julia Heck. Other MDPH staff who provided invaluable consultation and feedback include Karen Adler, Marci Diamond, Carol Dolan, Cherie Fisher, Dan Friedman, Kathy Girod, Carol Gomez, Michelle Harris, Jeanne Hathaway, Beth Jacklin, Hillary Keenan, Lorelei Mucci, Mark Bergeron-Naper, Peninah Thumbi and Judy Weiss. This publication was made possible by the PHHS Block Grant from the CDC.

This report was made possible by the dedicated efforts of the Rape Crisis Centers listed below. Most of the data in this report were collected by the volunteers and staff of these centers:

A Safe Place, Nantucket
Assabet Valley Rape Crisis Center, Marlborough
Blackstone Valley Rape Crisis Center, Hopedale
Boston Area Rape Crisis Center, Cambridge
Community Programs Against Sexual Assault, Dorchester
Elizabeth Freeman Center, Pittsfield
Everywoman's Center, Amherst
Independence House, Cape Cod Rape Crisis Center, Hyannis
Llámanos Statewide Spanish Hotline, Worcester
New Bedford Women's Center
New England Learning Center for Women in Transition, Greenfield
New Hope Sexual Assault Program, Attleboro
North Shore Rape Crisis Center, Beverly
Rape Crisis Center of Central Massachusetts, Fitchburg
Rape Crisis Center of Central Massachusetts, Worcester
Rape Crisis Services of Greater Lowell
Stanley Street Treatment And Resources, Fall River
Woman's Place, Brockton
Women's Protective Services, Framingham
Women's Resource Center, Lawrence
Women's Support Services, Vineyard Haven
YWCA of Western Massachusetts, Springfield

To obtain additional copies of this report, contact:

Massachusetts Department of Public Health
Bureau of Family and Community Health
Sexual Assault Prevention and Survivor Services
250 Washington Street, 4th Floor
Boston, MA 02108-4619
(617) 624-5457
http://www.magnet.state.ma.us/dph

Table of Contents

List of Figures

EXECUTIVE SUMMARY

Sexual violence affects women, men, and children from all walks of life, assaulting their sense of personal safety and bodily integrity. Rape and physical sexual assault are crimes of violence intended to terrify and control survivors. Sexual violence affects thousands of Massachusetts residents each year. It may cause severe emotional and physical stress that can last for years. Due to issues such as fear, danger, shame, and disbelief, traditional social supports such as family, partners, and community institutions may be or may seem unavailable to many survivors. This is reflected, for example, in the low rates of reporting sexual crimes to law enforcement.

To address this problem, the Massachusetts Legislature has allocated funding to the Massachusetts Department of Public Health (MDPH) to support rape crisis centers across the Commonwealth. The first rape crisis centers began operating in the early 1970s, largely as grassroots, volunteer organizations. The Massachusetts Legislature began allocating funding for rape crisis centers in 1982. By 1987, sixteen centers received funding through the Massachusetts Department of Public Health, and four others began between 1988 and 1997. In 1995, a statewide Spanish language hotline was founded. These publicly-funded rape crisis centers are located across the Commonwealth, so that every resident may have access to services.

In order to learn more about the nature and prevalence of sexual assault, as well as to study the characteristics of survivors and assailants and monitor the assistance that survivors receive, MDPH collects data on sexual assaults reported to the centers. Sexual assault is defined as rape, attempted rape, or physical sexual assault such as inappropriate touching.

The data in this report came from two sources, the Rape Crisis Surveillance System (RCSS), and the Behavioral Risk Factor Surveillance System (BRFSS). The RCSS is an ongoing monitoring and evaluation system of the twenty publicly-funded rape crisis centers in the Commonwealth. RCSS data are based on reports of assaults to the state-funded Massachusetts rape crisis centers. The assault survivor, a friend, family member, or a professional may contact the center to make a report. Centers collect data through hotline calls, in-person visits to the center, or both.

This report summarizes ten years of data, collected from 1988 through 1997. Behavioral Risk Factor Surveillance System (BRFSS) data were used to describe attitudes toward sexual assault among Massachusetts residents. The BRFSS is an annual telephone survey that covers a range of health issues. It is conducted through list-assisted random-digit-dial sampling. Telephone numbers are selected randomly and multiple attempts are made to reach each phone number. Surveys are conducted in English, Spanish, or Portuguese.

The women and men who choose to utilize rape crisis center (RCC) services are not necessarily representative of all sexual assault survivors. Therefore, it is most useful to think of the following data as reflecting the demographics of survivors who contact centers, rather than reflecting trends in actual sexual assaults that occurred in the state. Throughout this report, unless otherwise specified, statistics combine completed rapes, attempted rapes, and physical sexual assaults.

Reports to Massachusetts Rape Crisis Centers

- From 1988 through 1997, MDPH-funded rape crisis centers (RCCs) collected reports of 26,018 sexual assaults. This includes 19,829 completed rapes, 1,264 attempted rapes, and 4,925 physical sexual assaults. Rape crisis centers also received reports of 1,212 incidents of sexual harassment.

- Thirty-five percent of reports to rape crisis centers in 1997 were made at least one year after the assault occurred. Among these reports, the delay in reporting to centers ranged from over one year to 67 years. The median interval between the assault and the report was 7 years (mean: 12 years; standard deviation: 10 years).

- From 1988-1997, the most common sources of referral to a rape crisis center came from the center's own outreach (25% of callers) or a telephone book (23%), a therapist (15%) or other counselor (5%), friends (15%) or family (6%), police (7%) or hospitals (11%), or the media (3%). Percentages do not add up to 100, as clients could list more than one source. The proportion of clients listing each referral source stayed fairly consistent over the 10-year period.

- Between 1990 and 1996, the percentage of survivors who reported assaults to law enforcement or medical services decreased. Among survivors who were assaulted within six months of contacting a rape crisis center, the percentage who told police declined from 48% in 1990 to 44% in 1996, and the percentage who told a physician or hospital dropped from 46% in 1990 to 37% in 1996.

Demographics of Survivors who Utilize Rape Crisis Centers, and Their Assailants

- Women substantially outnumber men in the use of rape crisis center services. During the 10-year period, the survivor was female in 94% of reports. The proportion of male survivors varied by age at assault, but consistently declined with increasing age.

- Of those who gave their age, from 1988 through 1997, the range of survivor ages at the time of the assault was from younger than a year to 96 years. Most survivors who contact rape crisis centers were assaulted at a young age. From 1995-1997, the median age for female rape and attempted rape survivors was 20, and for physical sexual assault was 14. The median age of male survivors at the most recent rape was 14, at the most recent attempted rape, 17, and at the most recent physical sexual assault, 10.

- The proportion of survivors who identified as Hispanic or Latino rose from 5% of reports in 1988 to 11% in 1997. A statewide Spanish language sexual assault hotline, Llámanos, began in 1995. In 1997, the first year data were collected on primary language, Spanish was the primary language of the survivor in 5% of reports.

- In 1994, 11% of survivors indicated they had a disability (n=254). Of these reports, 60% listed a mental impairment, 19% listed mental retardation, 5% listed a visual impairment, 5% a hearing impairment, and 19% listed another disability. These percentages do not add up to

100 because reports could list more than one type of disability. The group of disabled survivors differed from the group of survivors without disabilities, in that disabled survivors had a higher average age at assault, included a larger proportion of males, and a larger proportion of survivors who were assaulted by someone they knew in a professional context.

- Rural counties had the highest rates of reporting assaults to RCCs. In 1997, Franklin County had 14 reports per 10,000 residents, compared to 3.4 reports per 10,000 residents statewide.

- Nine out of ten incidents were perpetrated by someone known to the survivor. From 1988-1997, only 12% of survivors reported being assaulted by a stranger; the proportion of reports of sexual assault by a stranger declined from 18% of reports in 1988 to 12% of reports in 1997. One of the most striking changes in the past ten years was the growing number of reports of intimate partner sexual assault. From 1988 through 1996, the number of reports of assaults on women by an intimate partner rose from 11% to 20%.

- From 1995 through 1997, the assailant was a lone male in 91% of assaults on females and in 76% of assaults on males.

- A total of 5,393 assaults (25%) were reports of incest. In these reports, a parent or stepparent was the assailant in 59% of assaults, and another relative in 41% of assaults. The majority of incest survivors were assaulted as children: 51% were younger than 13 and 37% were between the ages of 13 and 19 at the most recent assault. Nearly 80% of incest survivors said they had been assaulted more than once. Of these individuals, 80% had previously suffered repeated assaults, 13% were currently suffering from repeated assaults, and the remainder had been the survivor of other isolated incidents.

From the 1997 Massachusetts Behavioral Risk Factor Surveillance System:

- Ten percent of Massachusetts residents surveyed believe “It might be OK” to make a spouse have sex without his or her consent.

I. INTRODUCTION

Sexual violence affects women, men, and children from all walks of life, assaulting their sense of personal safety and bodily integrity. Rape and physical sexual assault are crimes of violence intended to terrify and control survivors. Sexual violence affects thousands of Massachusetts residents each year. It may cause severe emotional and physical stress that can last for years, and survivors often get little social support after an assault due to fear or the stigma of being a victim. This is reflected in the low rates of reporting sexual crimes to law enforcement, as compared to other crimes of violence. The U.S. Centers for Disease Control and Prevention have recognized the prevention of sexual assault to be an important public health goal.[1]

This report is an update of *Shattering the Myths: Sexual Assault in Massachusetts 1985-1987* (1990). The data in this report come from two sources: the Rape Crisis Surveillance System and the Massachusetts Behavioral Risk Factor Surveillance System. The Massachusetts Department of Public Health has maintained these data sets for the purpose of gaining a better understanding of the nature and prevalence of rape and sexual assault and the characteristics of survivors and assailants, and to monitor the assistance that survivors receive.

Scope of the Problem

Several studies have investigated the prevalence of sexual assault. The National Crime Victimization Survey, a national survey of US households, estimates that in 1995 there were 260,300 rapes and attempted rapes and 95,000 other sexual assaults; only one third of these assaults were reported to law enforcement.[2] In Massachusetts, the Youth Risk Behavior Survey (YRBS), which polls high school students attending public schools in the Commonwealth, found that in 1997, 17.1% of girls and 6.2% of boys reported having had, in their lifetime, "Sexual contact against one's will." Of these, 42% stated that someone they had been dating had hurt them sexually. Rates of unwanted sexual contact did not differ by race/ethnicity, kind of community (urban/suburban/rural), or years in the United States.[3] The Bureau of Justice Statistics (BJS) Uniform Crime Reports track offenses reported to police. The BJS defines forcible rape as completed or attempted rape on female survivors only. In Massachusetts in 1996, the BJS rate of forcible rape was 29.0 reports per 100,000 women.[4]

National data suggest that the rate of sexual assaults, like many other crimes, has been going down in the past several years. In 1993 the national rate of sexual assaults was 2.5 per 1000 persons age 12 and older; in 1996, it was 1.4 per 1000.[5] However, sexual assaults continue to be one of the most underreported crimes to law enforcement. According to the National Crime

[1] National Center for Health Statistics, *Healthy People 2000 Review, 1997*. Hyattsville, Maryland: Public Health Service, 1997.
[2] US Department of Justice, Bureau of Justice Statistics, *Sex Offenses and Assailants: an Analysis of Data on Rape and Sexual Assault*, February 1997.
[3] Massachusetts Department of Education, *1997 Massachusetts Youth Risk Behavior Survey Results*, http://www.doe.mass.edu/doedocs/yrbs97/97yrbstoc.html
[4] Maguire, Kathleen and Ann L. Pastore, eds. (1998) Sourcebook of Criminal Justice Statistics [Online]. Available: http://www.albany.edu/sourcebook [1999].
[5] US Department of Justice, Bureau of Justice Statistics, *Criminal Victimization in the United States, 1994*. NCJ-162126 (Washington, DC: US Department of Justice).

Victimization Survey, in 1996, 54% of robberies, 42% of assaults, and 77% of motor vehicle thefts were reported to the police, while only 31% of sexual assaults were reported.[6] This rate has changed only slightly in the past few years; in 1993, 29% of sexual assaults were reported to the police.

Research has shown an association between sexual assault and a number of health problems. Effects may include post-traumatic stress disorder, drug or alcohol abuse, relationship or mental health problems, and, in some cases, suicide.[7,8,9,10]

Massachusetts Rape Crisis Centers

In Massachusetts, the response to sexual violence includes ongoing efforts by law enforcement, social services and health agencies to prevent sexual assault, prosecute assailants, and reduce the trauma of survivors. The first rape crisis centers began operating in the early 1970s, largely as grassroots, volunteer organizations. In 1982, the Massachusetts Legislature began allocating resources to the Massachusetts Department of Public Health to support rape crisis centers. By 1987, sixteen centers received funding, and four others began between 1988 and 1997. In 1995, a statewide Spanish language hotline was founded. These publicly-funded rape crisis centers are located across the state, so that every resident may have access to services.

Methods

The majority of data in this report is derived from the Rape Crisis Surveillance System (RCSS). The RCSS is an ongoing monitoring and evaluation system involving the twenty publicly-funded rape crisis centers in the Commonwealth. RCSS data are based on reports of assaults to the state-funded Massachusetts rape crisis centers. The assault survivor, a friend, family member, or professional may contact a center to make a report. Centers collect data through hotline calls, in-person visits to the center, or both. Staff counselors or volunteers complete a Rape Crisis Data Form for each new incident reported (see Appendix C). Centers receive reports on rapes, attempted rapes, physical sexual assaults, sexual harassment, and other assaults. For the purpose of this report, data are limited to reports of sexual assaults, including completed rape, attempted rape, and physical sexual assault. All sexual assault reports have been included in the analyses unless the client indicated that it was not his or her first report of the incident. The Massachusetts Department of Public Health (MDPH) collects these forms and conducts analysis using SAS, SPSS, and Microsoft Excel software programs.

---

[6] US Department of Justice, Bureau of Justice Statistics, *Criminal Victimization 1996: Changes 1995-96 with Trends 1993-1996*, November 1997, NCJ-165812 (Washington, DC: US Department of Justice).

[7] Laws A, Golding JM, *Sexual Assault History and Eating Disorder Symptoms among White, Hispanic, and African-American Women and Men*, Am J Public Health 1996; 86:579-582.

[8] Heise LL, *Gender Based Violence and Women's Reproductive Health*, Int J of Gynecology & Obstetrics 1994;46:221-229.

[9] Becker JV, Skinner LJ, Abel GG, Axelrod R, Treacy EC, *Depressive symptoms associated with sexual assault*, J Sex Marital Ther 1984; 10(3): 185-192.

[10] Cuffe SP, Addy CL, Garrison CZ, Waller JL, Jackson KL, McKeown RE, Chilappagari S, *Prevalence of PTSD in a community sample of older adolescents*, J Am Acad Child Adolesc Psychiatry 1998 Feb; 37(2): 147-154.

In 1997, the DPH modified the Rape Crisis Data Form questionnaire. Most of the older variables could be adjusted to match the newer format without loss of data. Before the form was revised in 1997, there was no item asking whether the incident had been reported previously to a center; however, hotline volunteers or center staff were instructed to not fill out a new Rape Crisis Data Form if the client indicated she or he had reported the incident previously. It is likely that a number of the incidents reported prior to 1997 were multiple reports of the same incident, as many callers utilize a rape crisis hotline more than one time in their healing process. In 1997, 18% of contacts were duplicate reports. Analysis of 1997 repeat callers indicates they did not differ significantly from first time callers across the majority of variables in the data set, including age, race or ethnicity, handicap status, or relationship to assailant. The group of repeat callers contains a slightly higher proportion of females (96% vs. 93%), and was more likely to have obtained medical assistance after the assault (52% vs. 44%).

Behavioral Risk Factor Surveillance System (BRFSS) data were used to describe attitudes towards sexual assault among Massachusetts residents. The BRFSS is an annual telephone survey that covers a range of health issues. It is conducted through list-assisted random-digit-dial sampling. Telephone numbers are selected randomly and multiple attempts are made to reach each phone number. To be eligible for the survey, each household must have had a member over age 18. Institutions, group homes, and temporary residences occupied for less than one month per year are excluded. One adult from each household is randomly selected to answer the survey; no proxy respondents or substitutions are allowed. Surveys are conducted in English, Spanish, and Portuguese. Other BRFSS results are available on the MDPH home page: http:///www.magnet.state.ma.us/dph.

Limitations of the Data

All information is collected by self-report, and is subject to the biases associated with this type of data collection. The emotional trauma of sexual assault may also bias a survivor's memories of an event. In addition, the sensitive nature of this subject means that clients may not be forthcoming with the details of the assault. In order to encourage accurate disclosure, Rape Crisis Data Forms do not record identifying information such as the survivor's name or date of birth. The essential anonymity of this system makes checking the accuracy of the reports impossible.

Some Centers complete the Rape Crisis Data Form after the first contact with the client, while others complete it after several contacts. In the latter case, information tends to be more complete. Information gathered after several visits is also likely to be more valid, as the client may be more forthcoming about his or her experience after the opportunity to gain trust in Center staff. The primary role of the staff who collect the information is that of counselor, while the data collection role is secondary. This may affect the quality of the data for a number of reasons. For example, some counselors delay completing the form until after they have completed the conversation with the survivor; therefore, poor recall on the part of the counselor may affect data quality and completeness.

Representativeness of the Sample

The RCSS contains information only on assaults reported to MDPH-funded rape crisis centers. The women and men who choose to utilize rape crisis center (RCC) services are not necessarily representative of all sexual assault survivors. How these assaults may differ from all sexual assaults, and how survivors who seek publicly-funded rape crisis services may differ from all individuals who have suffered a sexual assault, is not known. Survivors self-select to utilize rape crisis services; therefore, the characteristics of and actions taken by this group are not representative of all sexual assault survivors in the Commonwealth. Survivors who contact a rape crisis center within a year after being sexually assaulted appear to utilize some other services at a higher rate than those who contacted a center after more than a year. Of those who contacted a RCC within a year, 41% reported the assault to police, compared to 26% of those who waited over a year to contact an RCC. Similarly, 41% of the former reported the assault to a hospital or physician, while only 15% of those in the latter group did. Survivors in the latter group, however, had higher rates of having told a counselor or therapist: 34% compared to 22%.

Survivors who do not have access to telephones or transportation to a center are underrepresented in this sample. One study has suggested that households without telephones may have higher rates of rape then households with telephones.[11] Regardless of the presence or absence of a telephone in the home, after-hours callers before 1997 may also be underrepresented in the 1992-1997 data. Until 1997, some centers used a system where after-hours callers made arrangements with an answering service to be contacted by a counselor. Survivors who were not able to receive calls, including those who live with their assailants, would be therefore underrepresented in these data.

Format of this Report

Unless otherwise indicated, all charts and statistics describe only the three types of sexual assault: completed rapes, attempted rapes, and physical sexual assaults. These types of assault are combined unless otherwise indicated.

[11] Lynch, JP, *Clarifying Divergent Estimates of Rape From Two National Surveys*, Public Opinion Quarterly, 1996; 60:410-430

II. FINDINGS

A. Massachusetts Rape Crisis Centers

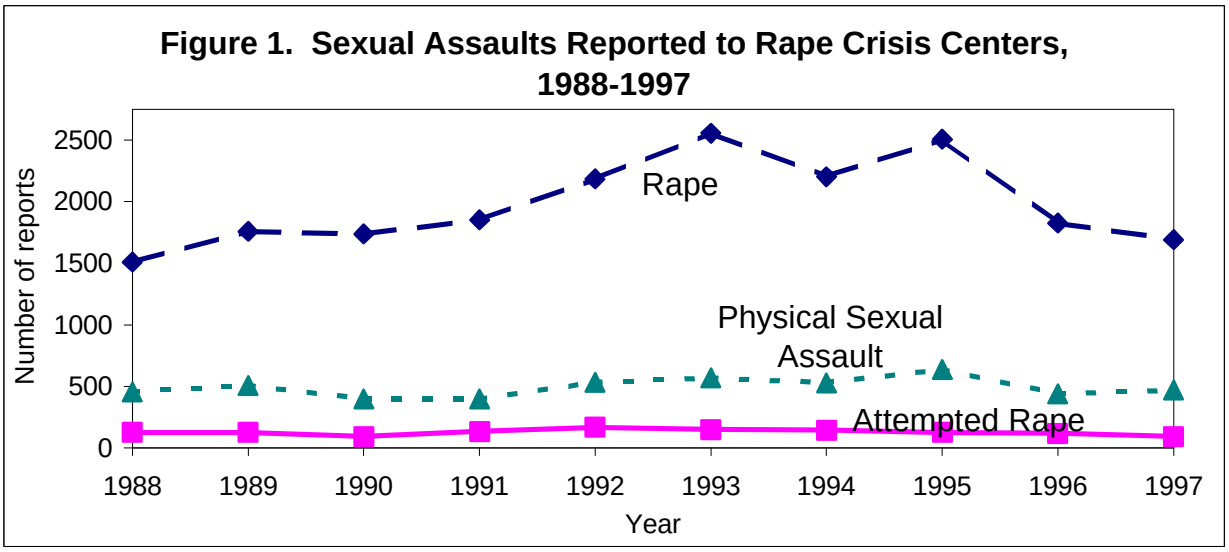
The overarching goal of the rape crisis centers is to reduce the long-term public health effects and societal costs of sexual assault, and, ultimately, to reduce the incidence of sexual assaults. This requires a multifaceted approach that includes:

1) Assisting survivors and their significant others in the recovery process after the trauma of sexual assault;
2) Providing training, and coordinating with professionals to provide appropriate, supportive, and coordinated responses to survivors;
3) Providing preventive education programs which work to change community norms and create a climate in which sexual assault is unacceptable; and
4) Developing culturally appropriate services and performing outreach to underserved groups.

Free survivor services, provided by trained rape crisis counselors, include 24-hour crisis intervention and information hotlines, short-term individual and long-term group counseling, and individual survivor advocacy in the medical, law enforcement, and legal systems.

Assaults Reported to Rape Crisis Centers

Figure 1. Sexual Assaults Reported to Rape Crisis Centers, 1988-1997



For more information on the exact numbers of completed rapes, attempted rapes, and physical sexual assaults, see Table 1 in Appendix B.

- In total, rape crisis centers collected reports of 26,018 sexual assaults from 1988-1997. Of the contacts, there were 19,829 reported rapes, 1,264 attempted rapes, and 4,925 sexual assaults. Approximately 5,641 (22%) are thought to be duplicate reports of the same incident.

- In addition to the reports of sexual assault, there were 1,212 reports of sexual harassment, 2,028 reports of other incidents, and 2,401 incidents where the type of assault was unknown. The "Other" category may include, among other things, reports of physical assault. "Unknown" includes cases where the client did not specify the details of his or her assault well enough for counselors to know which type of assault it was.

- The number of reports of sexual assault rose from 2,088 in 1988 to 3,273 in 1995. In 1997, there were 2,249 reported sexual assaults.

- Assaults did not necessarily occur in the year they were reported. When all 1997 reports of rapes, attempted rapes, and physical sexual assaults were combined, 65% of reports (n=1190) were made within 12 months of the assault. Of these, 24% were within 24 hours, 27% were 1-5 days after the assault, 32% of reports were made between 6 days and 3 months of the assault, and the remainder were made between 3 months and 1 year of the assault (total 1997 reports: n=1845, missing=404 or 18%).

Source of Referral to Rape Crisis Center

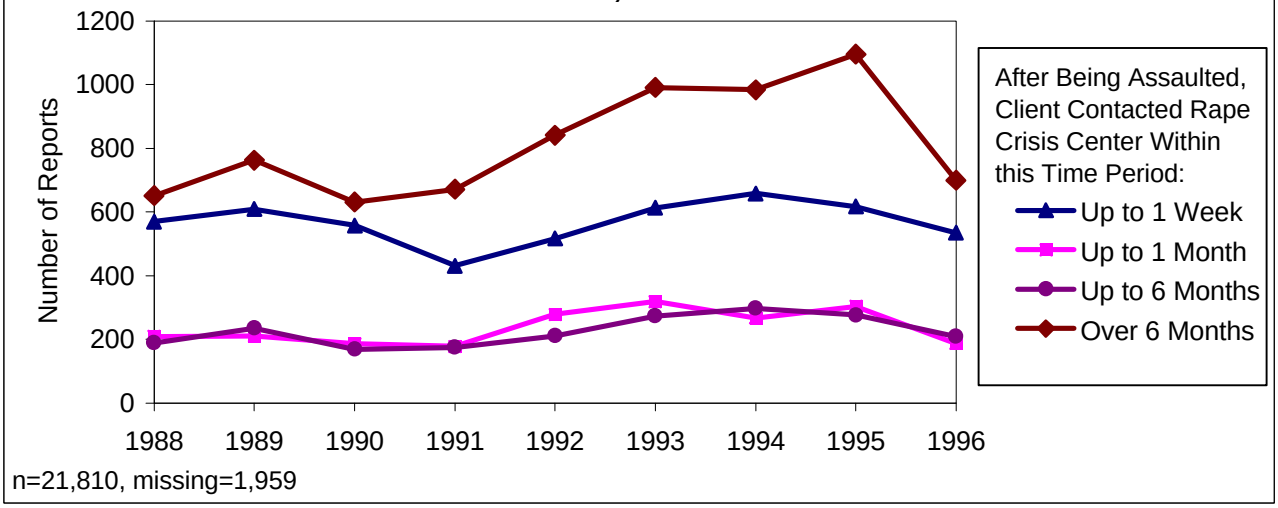
Counselors ask where clients heard about their services. From 1988-1997, the most common sources of referrals were the center's outreach (25% of callers), a telephone book (23%), a therapist (15%), another counselor (5%), friends (15%), family (6%), police (7%) hospitals (11%), or the media (3%). Percentages do not add up to 100%, as clients could list more than one source. The proportion of clients listing each referral source stayed fairly consistent over the 10-year period.

Delay in Contacting Rape Crisis Center

From 1988 through 1995, a growing number of reports came from clients who had delayed contacting the RCC for over 6 months after the assault. From 1988-1995, the percentage of clients who contacted a center more than six months after their assault grew from 40% of contacts to 48% (see Figure 2). However, the number of individuals who contacted a center within 1 week of being assaulted stayed relatively stable during the ten-year period. For more information, see Table 2 in Appendix B.

- The length of time before survivors sought help from a rape crisis center is inversely related

Figure 2. Trend in Reports to RCCs, by Length of Time Following Assault, 1988-1996



n=21,810, missing=1,959

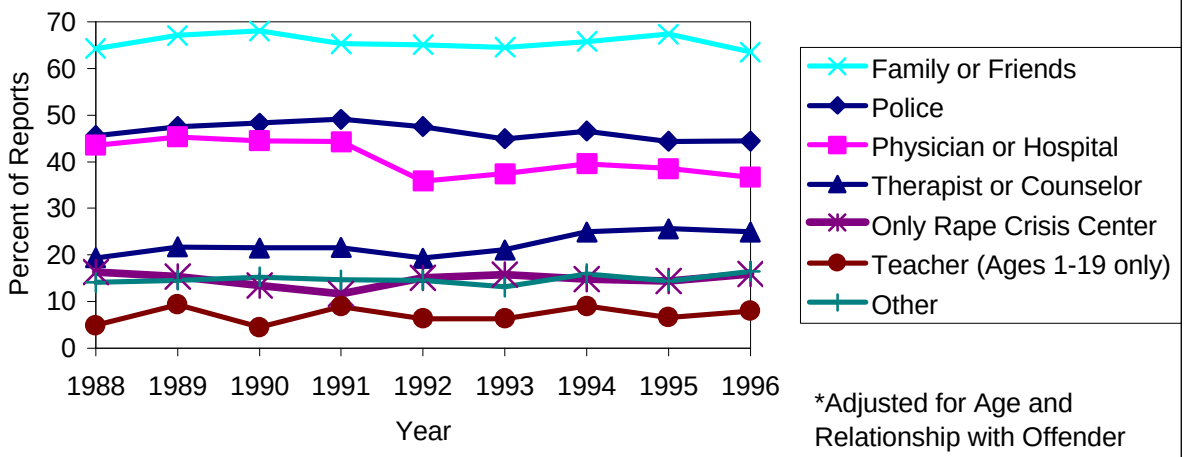
to age at assault. In 1996, 22% of reports of assaults on children younger than 13 were made within 6 months of the attack (95% confidence interval: 17%-27%), compared to 54% of reports of assaults on adolescents ages 13-19 years (95% CI: 50%-58%), 66% of reports on adults ages 20-29 (95% CI: 62%-71%), and 73% of adults ages 30-60 years (95% CI: 67%-78%). The proportion of clients who delayed contacting a Center increased from 1990-1995, but declined in 1996.

- In 1997, 35% of the reported assaults occurred over 1 year prior to the client contacting the RCC. Among these reports, the delay in RCC contact ranged from over a year to 67 years. The median interval between the assault and the report was 7 years (mean: 12 years; standard deviation: 10 years). Reasons for this delay vary, but may include denial, feelings of shame or self-blame, or fear of others finding out about the assault.

Reporting the Assault

Survivors are asked whether the assault has been reported elsewhere. Data are only included through 1996 because 1997 data are not comparable. Furthermore, these percentages may be underestimates of the true proportion of survivors who report assaults to other agencies or individuals, because survivors may make those reports after contacting the RCC. Because the distribution of survivor ages and the proportion of reports from the different survivor-assailant relationships changed over time, adjusting was done to control for these variables. Age adjusting was done using the population of Massachusetts as a baseline.[12]

Figure 3. Percent of Reports Made Within 6 Months of Assault, by Place of Report, 1988-1996*



- There was little change in distribution of reporting assaults from 1988-1996 (see figure 3). Among survivors who contacted the RCC during 1996 and whose assault occurred no more than 6 months prior to the report, 64% confided in family or friends, 44% reported the assault to police, and 37% contacted a hospital or physician before contacting the RCC. Twenty-five percent spoke to a counselor or therapist, 8% of children up to age 19 had told a teacher, and 17% had told another individual or institution, while 16% told only the RCC. These percentages add up to more than 100%, as survivors could report to more than one location.

- There were differences in men's and women's rates of reporting, even after controlling for the effects of age and survivor-assailant relationship. Among survivors who contacted a center within 6 months of their assault, females had higher rates than males of reporting to police (47% vs. 37%), hospitals or physicians (39% vs. 26%), and family or friends (67% vs. 48%). Thirty-six percent of male survivors had told only the rape crisis center about the assault, as compared to 14% of female survivors.

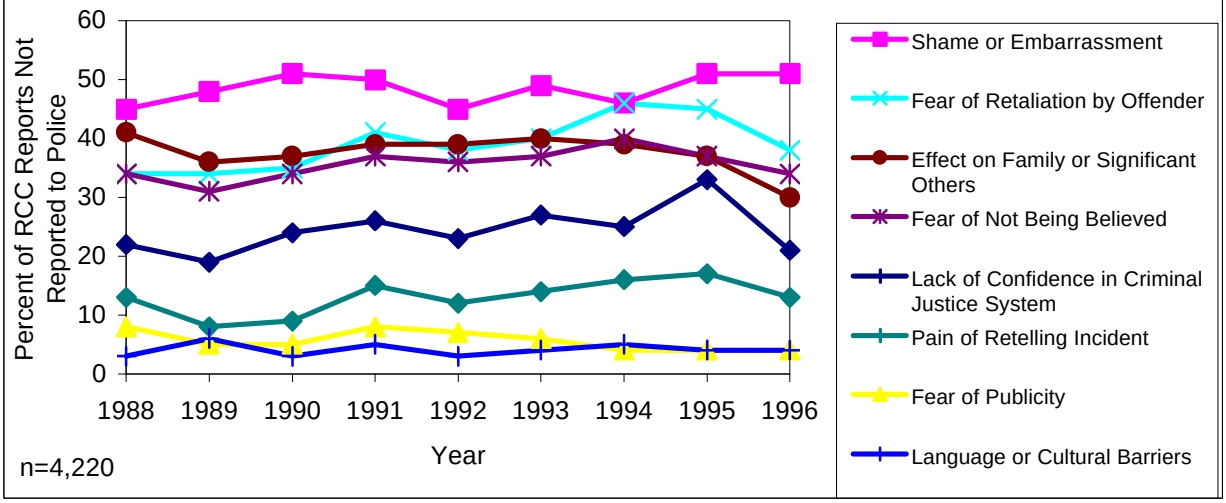
- The proportion of survivors who tell others of the assault varies by the survivor's age. See Table 3 in the Appendix.

[12] US Census Bureau, http://wonder.cdc.gov/

Why Survivors Chose Not to Report Assault to Police

When survivors had not reported the assault to police, they were asked for a reason. Please note that the data below do not include the 16% of survivors who did not specify whether or not they reported the assault to police. The large amount of missing data on reasons for not reporting the assault, 28%, means that this figure should be interpreted with caution. As respondents could choose more than one answer, percentages do not add up to 100%. For more information, see Table 4 in Appendix B.

Figure 4. Selected Reasons Why Survivors Chose Not to Report Assault to Police, Among Survivors Who Contacted a RCC Within 6 Months of Assault, 1988-1996



- From 1988 through 1996, the most common reason given for not reporting an assault to law enforcement was feelings of shame or embarrassment. Over the 9-year period 48% of survivors gave that response.

- In 1994, nearly half (46%) of reports to an RCC that were not reported to police cited fear of retaliation by the assailant, up from 34% in 1988. There was also an increase in the proportion citing lack of confidence in the criminal justice system as a reason for not reporting the assault to police; from 19% in 1989 to 33% in 1995.

B. Characteristics of Survivors and Assailants

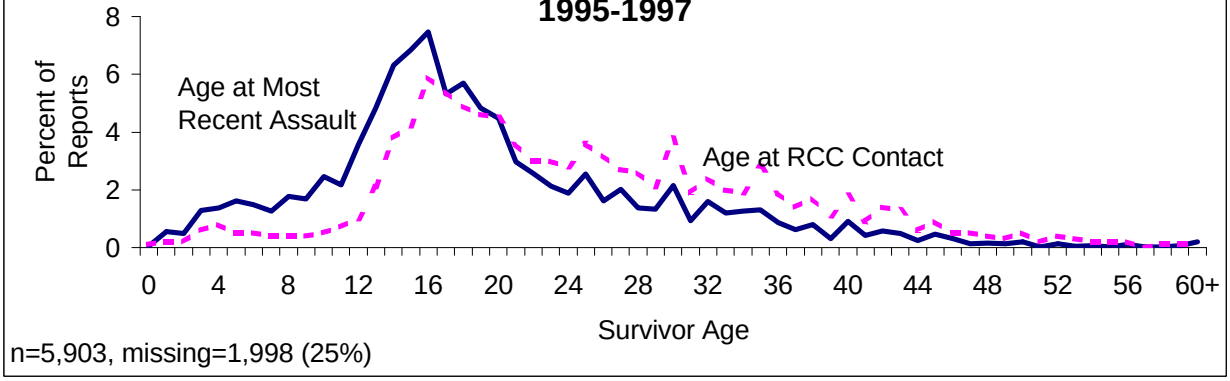
This section summarizes characteristics of survivors who utilized the services of Massachusetts rape crisis centers, and their assailants. It indicates that assault occurs to men, women and children, across all races, ethnic groups, and ages, although the majority of survivors reporting assaults to centers were white, female and under the age of 35.

It is important to understand the demographics of survivors, to ensure that the needs across the Commonwealth are met. It is particularly vital to assist survivors who are members of groups that have less access to other types of rape crisis assistance, such as medical or psychiatric care. It is essential also to learn about the demographics of assailants in order to plan appropriate prevention strategies.

Age of Survivors at the Time of the Most Recent Assault

Figure 5 shows data from the previous three years (1995-1997) combined in order to provide a snapshot of the most recent data available. The data must be interpreted with caution, due to the large amount of missing data. For most of the variables in this report, reports missing age at assault did not differ from those whose age was known, with the exception that reports missing age at assault had higher frequencies of previous assaults, assaults by parents or stepparents, and being assaulted at home. For more information on the survivors' age distribution, see Table 6 in Appendix B.

Figure 5. Age Distribution of Survivors: At Most Recent Assault and At Time of Contacting Rape Crisis Center, 1995-1997



- Of those who indicated their age, the range of survivor ages at the time of the most recent assault was from younger than one year to 96 years (see figure 5). The median ages depended on the gender of the survivor and the type of assault. From 1995-1997, the median age among women for reported rape and attempted rape was 20 years, and for reported physical sexual assault, 14 years. Among men, the median age for reported rape was 14 years, for reported attempted rape, 17 years, and for reported physical sexual assault, 10 years. For more information, see Table 5 in Appendix B.

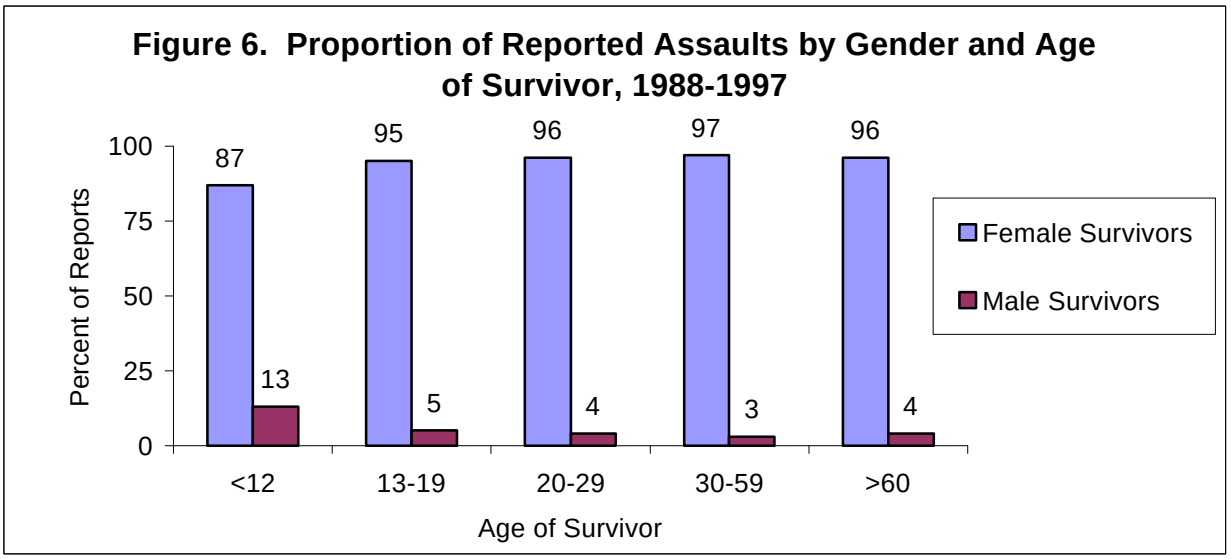
- For assaults reported in 1997, 10% of those occurring within 12 months of contacting a center were to children under the age of 13, 33% to adolescents ages 13-19, 32% to adults ages 20-29, 24% to adults ages 30-60, and 1% to adults over the age of 60. (n=1085, missing=77 or 6%)

- In the past ten years, the proportion of reports that involved survivors who were assaulted as adults (ages 30-60) has gone up, from 13% of reported assaults in 1988, to 18% in 1997. This increase mirrors the increase in reports of intimate partner sexual assault (see page 19).

- In this data set, 50% of the assaults that occurred to children ages 12 and under were completed rape, 3% were attempted rape, and 47% were physical sexual assault.

Survivors' Gender

For more information on the gender of survivors, see Table 7 in Appendix B.

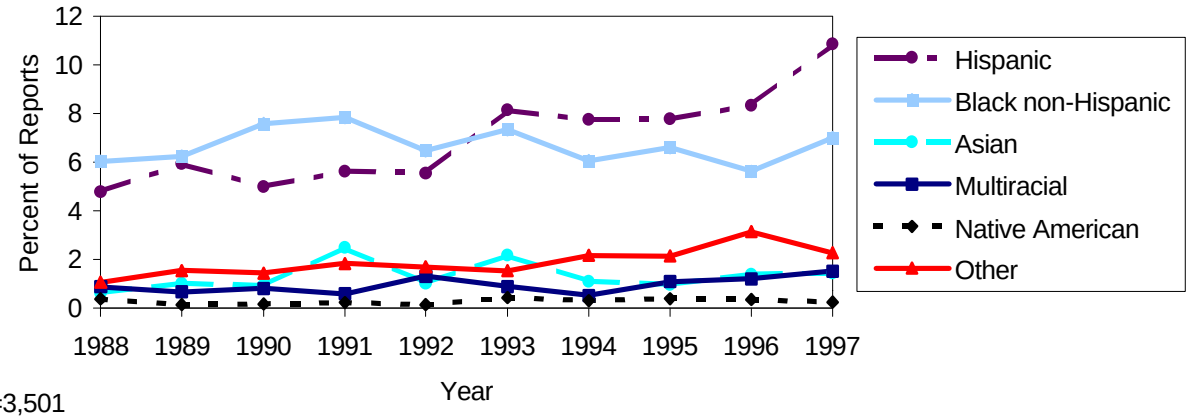


- Women substantially outnumber men in the use of rape crisis center services. During the 10-year period, the survivor was female in 94% of reports (see figure 6). Although publicity on male survivors has increased over the past ten years, there has been little change in the proportion of male survivors who contact rape crisis centers.

- The proportion of male survivors varied by age at assault. Among children age 12 and under, the survivor was male in 11% of completed rapes, 17% of attempted rapes, and 15% of sexual assaults. Among adolescents ages 13-19, males were the survivors in 4% of rapes and attempted rapes and 9% of sexual assaults. Among all adults age 20 and over, males were the survivors in 4% of rapes, 3% of attempted rapes, and 6% of sexual assaults. The larger proportion of younger male survivors may be due to rape crisis centers offering counseling specific to the needs of incest survivors. In addition, males assaulted as adolescents or adults may feel shame or embarrassment that they were not able to defend themselves, and, therefore, may be less likely to come forward. Or, there may be fewer assaults among older males.

Survivors' Race or Ethnicity

Figure 7. Percent of Reports From Racial Minority Survivors, 1988-1997



n=3,501
35% (n=6,702) of all reports (n=26,018) were missing survivor's race

- The survivor's race was identified in 19,316 reports, and not reported in 6,702 (35%). Reports missing data for race were also likely to be missing data on other variables. In addition, reports missing race data included more male survivors (8% vs. 5%) and fewer survivors between the ages of 30 and 60 at the latest assault (11% vs. 16%). For more information on survivor race, see Table 8 in Appendix B.

- Over the ten year period, the proportion of reports from Hispanic survivors rose from 5% to 11% (see figure 7). From 1990 through 1997, the proportion of the Massachusetts population that identified themselves as Hispanic rose from 4.8% to 5.9%.[13] While a possible explanation for the larger proportion of reports from Hispanic survivors is a larger number of assaults on Hispanics, it is more likely that the increase in reports can be attributed to the creation of a statewide Spanish language hotline in 1995, as well as increased outreach and services available to Hispanic communities. Rape crisis centers that receive public funds are required to conduct outreach services to minority group survivors and offer culturally appropriate services in languages other than English.

Primary Language of the Survivor

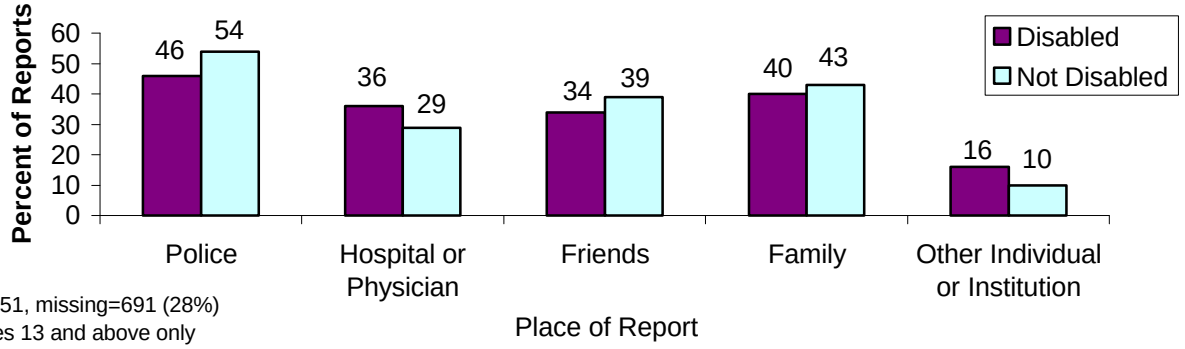
- In 1997, centers began collecting information on the primary language of the survivor. That year 8% of survivors had a primary language other than English. Five percent of all survivors identified Spanish as their primary language. To accommodate the needs of Spanish-speaking survivors, a statewide Spanish language hotline, Llámanos, began in 1995. For more information on survivor's primary language, see Table 9 in Appendix B.

[13] US Census Bureau, "Estimates of the Population of States by Race and Hispanic Origin," http://www.census.gov/, and University of Massachusetts M.I.S.E.R. State Data Center, http://www.umass.edu/miser

Survivors with Disabilities

Information on disability status is collected on each report.[14] During the 10-year period covered in this report, disability status was missing from 28% of reports. The following analysis is of 1994 data only, for which 19% of data on disability status were missing. For more information, see Table 10 in Appendix B.

Figure 8. Percent of RCC Reports by Disability Status of Survivor and Place of Report, 1994*



n=1751, missing=691 (28%)
* Ages 13 and above only

- In 1994, 11% of survivors indicated they had a mental or physical disability (n=254). Of these reports, 60% listed a mental impairment, 19% listed mental retardation, 5% listed a visual impairment, 5% a hearing impairment, and 19% listed another disability. These percentages do not add up to 100% because reports could list more than one type of disability.

- Survivors with disabilities had a higher average age at assault (25 years) compared to the non-disabled (20 years). The group of disabled survivors was 9% male, more than the 5% of males among other survivors. Nine percent of disabled survivors reported being assaulted by someone they knew in a professional context, such as a doctor or co-worker, compared to 4% of reports among non-disabled survivors. Compared with non-disabled survivors, disabled survivors reported a greater number of assaults that occurred in a hospital or physician's office; this may be because disabled individuals make more trips to see a doctor than other survivors.

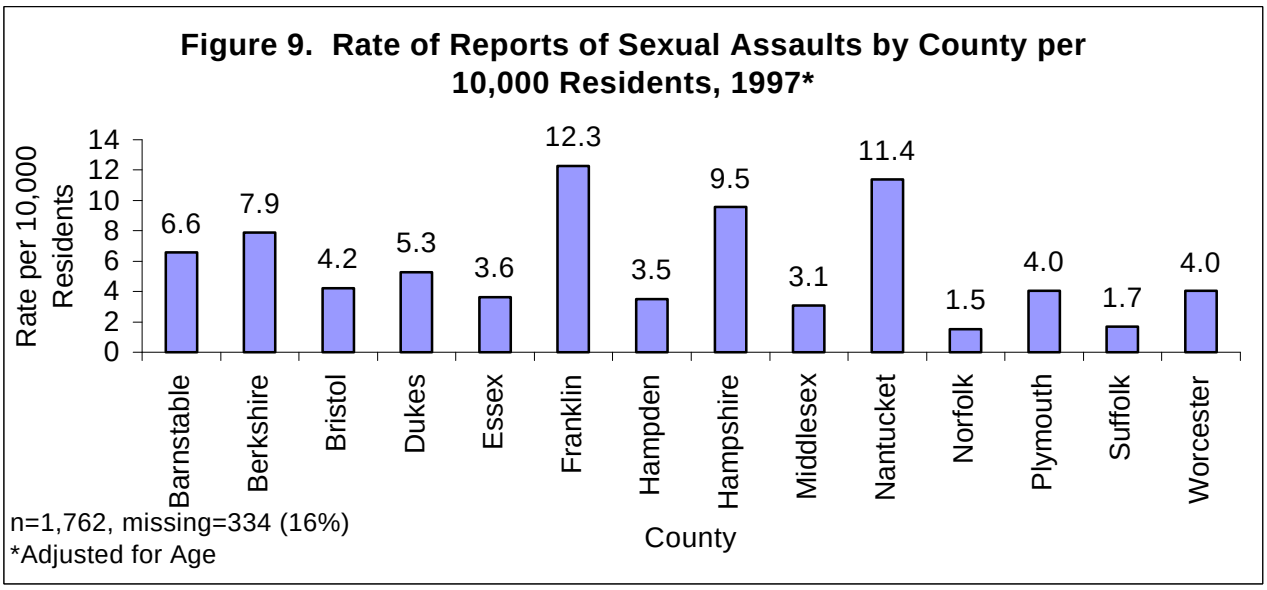
- After adjusting for age, the group of disabled survivors had a slightly larger proportion of individuals who delayed contacting a center for over 6 months after being assaulted (52% vs. 47% for non-disabled survivors). A higher proportion of disabled survivors, compared to non-disabled survivors, contacted a center by telephone, instead of in person (62% vs. 56% of reports).

- Compared to non-disabled survivors, disabled survivors were less likely to report a sexual assault to police, but more likely to have reported the assault to another agency or individual or to a hospital or physician (see figure 8). This difference may be due to the higher number of assaults by assailants known in a professional context.

[14] Disabilities may include physical or mental impairments. Disability status is self-identified by the survivor.

Survivors' County of Residence or Location at Contact

In February 1997, rape crisis centers began reporting the towns from which calls originated or the client's town of residence. From February to December of that year, reports came from 235 Massachusetts cities or towns (n=2,096, unknown town=334 or 16%). County is derived from town; therefore, county is defined either as the county of residence, or in cases when the client called a rape crisis hotline, the county was from where the call originated. These data were collected during 11 months in 1997; a yearly rate was projected from that estimate. County population was taken from 1996, which was the most recent census estimate available.[15] Because the counties' age distributions vary, in order to compare them, data were adjusted for age using the population of Massachusetts as a baseline.[16]



- Rural counties such as Franklin, Hampshire, and Nantucket had the highest rates of reported assaults (see figure 9). This may be explained in part by the larger number of other services available to survivors living in urban or suburban areas, such as counseling and medical services.

- The largest volume of contacts came from Middlesex County (14% of calls), Worcester County (10%), and Essex County (10%). However, the large numbers of residents in those counties makes the overall rate of reports lower than in some rural counties.

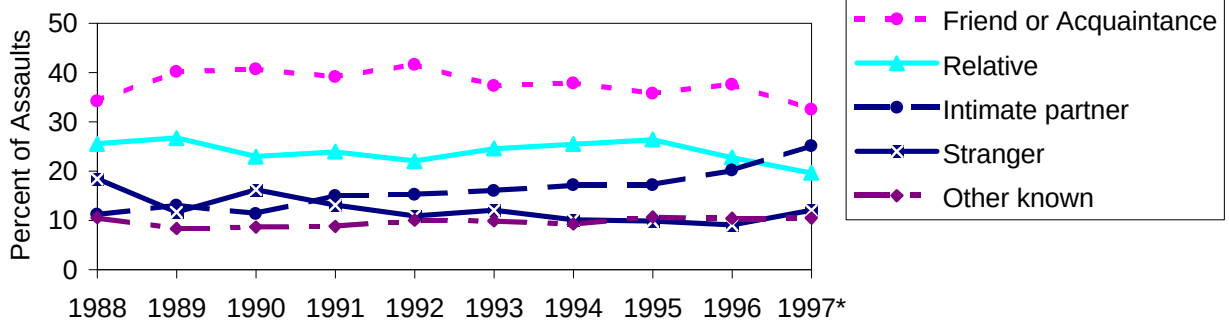
- The counties' differing rates may indicate higher rates of sexual assault in some areas, or they may reflect differences in rape crisis center utilization, which is affected by rape crisis center outreach and publicity. Alternatively, the higher rates may reflect the availability of other types of rape crisis assistance to survivors. For more information, including both crude and age-adjusted rates, see Table 11 in Appendix B.

[15] University of Massachusetts Institute for Social and Economic Research, "Press Release: 1995 and 1996 Population Estimates of the Census Bureau and MISER," November 18, 1997, www.umass.edu/miser.
[16] US Census Bureau, http://wonder.cdc.gov/

Survivor-Assailant Relationship

This data set reflects what other research has shown: that the vast majority of survivors are assaulted by someone they know. For more information on assailant-survivor relationship, see Table 12 in Appendix B.

Figure 10. Trend in Assaults on Female Survivors by Type of Assailant, 1988-1997



n=22,006, missing=4,012 (15%)
* Data collection format changed in 1997.

- Over the past ten years, rape crisis centers have assisted a growing proportion of survivors of intimate partner sexual assault (see figure 10). Intimate partner sexual assault is defined as assaults by current or former spouses, boyfriends or girlfriends, or dates. From 1988 through 1996, the number of women reporting assault by an intimate partner rose from 11% of reports (n=198) to 20% (n=318). The increase observed between 1996 and 1997 may be due to changes in the data collection format. Until 1996, survivors were asked whether the assailant was a "spouse," "partner/lover," "ex-spouse," or "ex-partner/lover." In 1997, the option of choosing "date/boyfriend/girlfriend" was added. The increase in reports of intimate partner assault may also have occurred for a number of reasons, such as a heightened awareness of intimate partner assault, or improved coordination of services between sexual assault and domestic violence service programs.

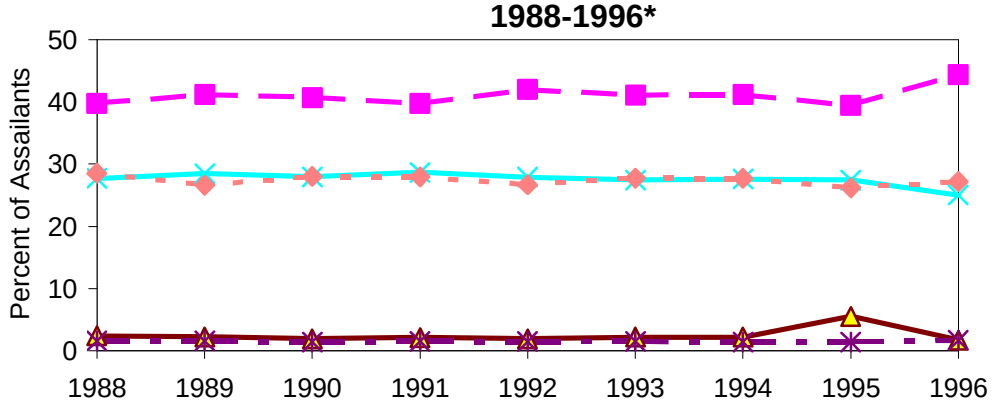
- Centers also assisted survivors of same-sex partner sexual assault. Among all reported assaults involving an intimate partner, the assailant was the same sex in 1% of assaults reported by females (n=44) and 84% of assaults reported by males (n=41).

- Survivor-assailant relationship varied by age of the survivor at the time of the most recent assault. When the survivor was a child under the age of 13, the assailant was a parent or stepparent in 36% of the assaults reported and another relative in 26% of reported assaults. Friends and acquaintances were most often the assailants in assaults on adolescents and young adults.

Assailants' Age

Data on the demographic characteristics of assailants contained a high proportion of missing information, in part because some survivors, particularly those assaulted by a stranger, did not know the age, race or ethnicity of their assailant. Analysis of survivors where assailant's age was missing showed that survivors who did not know or report their assailant's age were similar to others in age, sex, race/ethnicity, and location of incident. However, clients who did not know or report the assailant's age were more likely to report having been assaulted by a stranger, to have a disability, and to have a history of previous sexual assault. In figure 11, data were adjusted for the change in survivor-assailant relationship over time, in order to see whether assailant age changed independently. For more information, see Tables 13 and 14 in Appendix B.

Figure 11. Age of Assailant Among Assaults That Occurred Within the Six Months Prior to Contacting a Rape Crisis Center, 1988-1996*



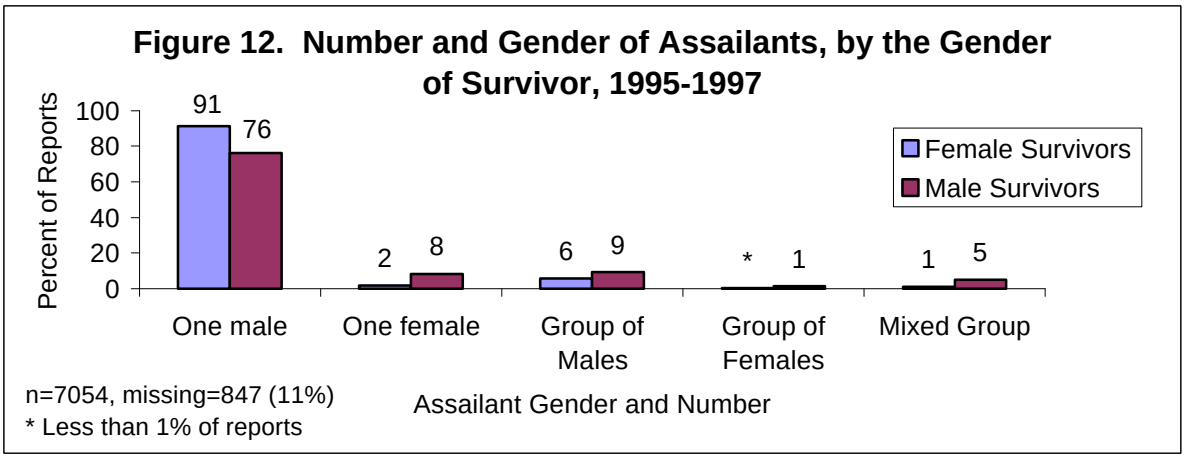
n=8,013, missing=3,591 (31%)
*Adjusted for survivor-assailant relationship

- Among assaults that occurred within 6 months prior to the report, there has been little change from 1988-1996 in the proportion of assailants in each age group (see figure 11).

- Among all reported assaults, the data show that assailants tended to be the same age or older than the survivors of their assaults. When the assailant was one person, that person was most likely to be in the same age group as the survivor, except when the survivor was a child. For example, 40% (n=2,220) of adolescents were assaulted by other adolescents; 65% (n=2,316) of young adults were assaulted by other young adults; and 83% (n=1,828) of adults over the age of 30 were assaulted by adults in that age group. In contrast, among children under the age of 13, 50% were assaulted by adults over 30 (n=1,415). However, in 41% of all reports, either the assailant's or the survivor's age was unknown. Therefore, this finding should be interpreted with caution.

Number and Gender of Assailants

For more information on the number of assailants reported, please refer to Tables 15 and 16 in Appendix B.



- From 1995 through 1997, the assailant was a lone male assailant in 91% of assaults on females and 76% of assaults on males (see figure 12).

- Overall, 7% of assaults on females and 16% of assaults on males were perpetrated by more than one assailant. Compared to assaults by one assailant, assaults by groups were more likely to be completed rape (81% vs. 76%) and to have been reported to police (39% vs. 36%) and to hospitals or physicians (38% vs. 30%). They were also more likely to have been reported by a Black, non-Hispanic survivor (9% vs. 6%) although survivor's race/ethnicity is missing for 29% of reports of multiple assailant assaults.

- While the proportion of assaults on adult male survivors perpetrated by a group was higher than the proportion of group assaults reported by females, the actual number of group assaults reported by women (7% of reports, n=455) was higher than the number reported by men (15% of reports, n=63).

- When the assailant was one female, the survivor was likely to be a child under the age of 13. Among all assaults committed by one female, 43% (n=139) were perpetrated on children in that age group. In those cases, the assailant was most often a parent or stepparent (24%), another relative (31%) or a caretaker or babysitter (19%).

- When the assailant was a current or former intimate partner, the intimate partner acted alone in 98% of cases, while 2% of assaults were committed by the partner and others. Among intimate partner assaults committed by one assailant, 98% of the assailants were male.

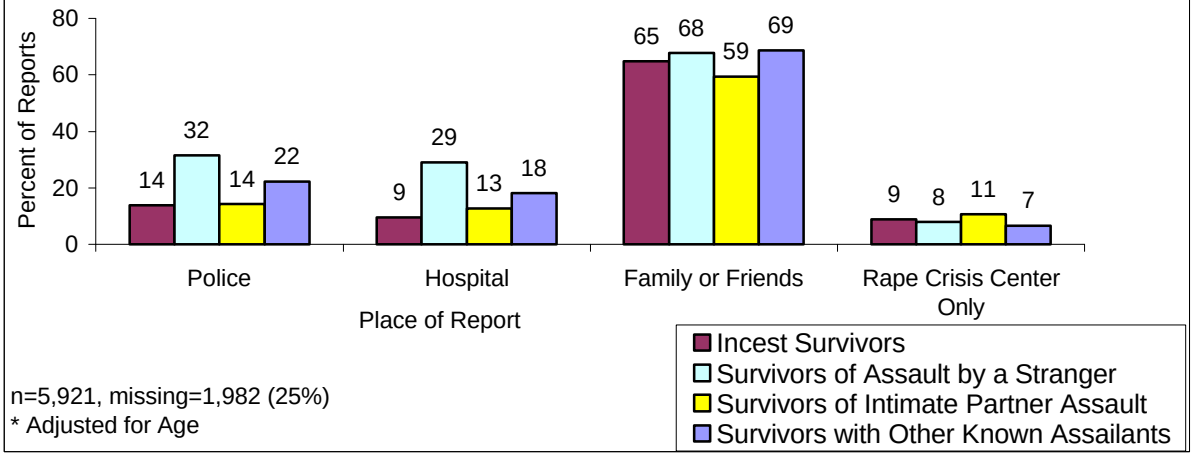
Focus on Incest Survivors

From 1988-1997, 5,393 assaults (25%) were reports of incest. In these reports, a parent or stepparent was the assailant in 59% of assaults, and another relative in 41% of assaults. The demographic profile of incest survivors is similar to that of all survivors. The group is 92% female; 82% White non-Hispanic, 6% Black non-Hispanic, 8% Hispanic, 1% Asian, <1% Native American, and 3% Multi-racial or 'Other.' Ten percent of incest survivors reported a disability.

- The majority of incest survivors were assaulted as children: 51% were younger than age 13 and 37% were between the ages of 13 and 19 at the most recent assault. (Among assaults reported that were not incest, 9% of survivors were children under age 13 and 39% were adolescents ages 13-19.) The average age of incest survivors when the most recent assault occurred was 13 (standard deviation=7.5 years), compared to 22 (standard deviation=10 years) for all other reports. Many survivors of incest did not contact a center until they were adults. The mean age at first contact with a center for incest survivors is 24 (standard deviation=12 years), compared to 22 years (standard deviation=10 years) for other survivors.

- Over the 10 year period, nearly 80% of incest survivors said they had been assaulted more than once (n=4476, missing=97 or 17%). In 1997, 80% of incest survivors had been assaulted repeatedly in the past, 13% were currently suffering from repeated assaults, while the remainder had survived other isolated incidents (n=222, missing=6%).

Figure 13. Sexual Assault Reports by Type of Assailant and Place of Report, 1995-1997*



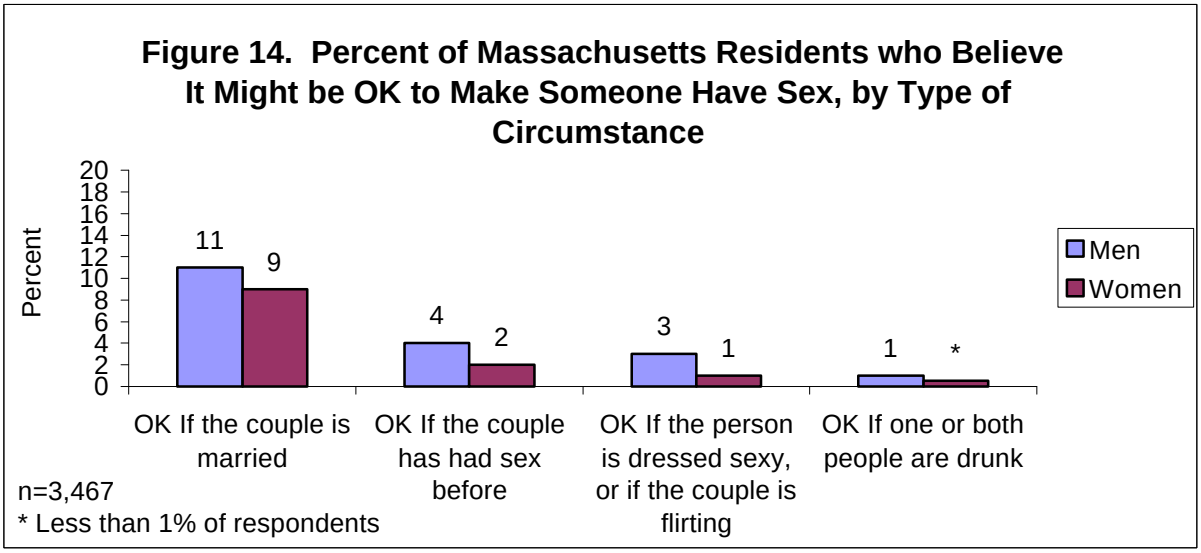
- When the assailant was a relative, survivors had low rates of reporting the assault to either police or hospitals (see figure 13). Because the average age of survivors differs depending on the survivors' relationship with the assailant, data are adjusted for age in figure 13, using the Massachusetts population as a baseline.[17]

- The likelihood of reporting the assault varied by the survivor's age. When the survivor was younger than age 13 at the time of the most recent assault, incest survivors were 30% less likely than those assaulted by strangers to report an assault to police, and were 48% less likely as those assaulted by a stranger to tell a medical provider. See Table 17 in Appendix B.

[17] US Census Bureau, http://wonder.cdc.gov/

C. Attitudes toward Sexual Assault

Marital rape has only recently been recognized as a crime by the public and law enforcement agencies. Massachusetts courts ruled against the marital rape exemption in 1981, and in 1991 the Massachusetts legislature enacted a law against relationship-based exemptions of sexual crimes. However, the data below show that around ten percent of the Massachusetts population still believe forcing a spouse to have sex may be acceptable. The following figure is based on findings from the Behavioral Risk Factor Surveillance System. For more information on the BRFSS, see the introduction to this report.



Source: Massachusetts Department of Public Health, 1997 Behavioral Risk Factor Surveillance System.

- Respondents were Massachusetts residents ages 18 and older. On each question, between 6 and 8.5% of respondents stated they were "Not sure" or refused to answer.

- Older respondents were more likely to report that forced sex within a marriage may be acceptable. Six percent of 18-34 year olds, 8% of 35-54 year olds, 14% of 55-74 year olds, and 23% of people over 75 gave that response.

III. CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

From 1988 through 1997, rape crisis centers in Massachusetts received 26,018 reports of completed rapes, attempted rapes, and physical sexual assaults. The majority of these reports were completed rapes. Over the ten-year period, the annual number of reported assaults rose from 2,088 in 1988 to 3,273 in 1995; since 1995, the number has declined, to 2,249 in 1997.

- The increase of reported assaults in the early 1990's came primarily from survivors who had been assaulted more than 6 months prior to contacting the rape crisis center. Many of these survivors were assaulted many years before they first contacted an RCC. In 1997, among survivors who delayed contacting a center for over 1 year, the median interval between the assault and the report was 7 years. It is unlikely that the increase in the number of reports through 1995 is due to an increase in actual sexual assaults that occurred in Massachusetts during this time.

- RCCs receive referrals most often from their own outreach. Other common sources of referral include a telephone book listing, a therapist, friends, family, police, or a hospital.

- Survivors who contacted RCCs were asked where else they had reported the assault. Most often the survivor had told friends or family. The next most common places survivors reported the assault were to law enforcement and to a hospital or private physician. Between 1990 and 1996, the percentage of survivors who reported assaults to law enforcement or medical services decreased. Other common persons to whom assaults were reported were to therapists, counselors or teachers. From 1995 through 1997, 16% of survivors had told only the RCC of the assault.

The following paragraphs describe the demographic profile of survivors. Because the women and men who choose to utilize rape crisis center (RCC) services are not necessarily representative of all sexual assault survivors, it is most useful to think of these data as reflecting RCC users, rather than reflecting patterns in all sexual assaults that occurred in the state.

- Women substantially outnumber men in the use of rape crisis center services. During the 10-year period, the survivor was female in 94% of reports. The proportion of male survivors varied by age at assault, consistently declining with increasing age. The range of survivor ages at the time of the assault was from younger than one year to 96 years. The majority of assaults, however, occurred to survivors under the age of 30. From 1995-1997, the median age of female survivors of rape and attempted rape was 20, and for physical sexual assault was 14. The median age of male survivors at the most recent rape was 14, at the most recent attempted rape, 17, and at the most recent physical sexual assault, 10.

- In the past ten years, the proportion of reports from Hispanic survivors rose from 5% to 11%. During this period, the proportion of the Massachusetts population that identified as Hispanic increased only slightly. While a possible explanation for the larger proportion of reports from Hispanic survivors is a larger number of assaults on Hispanics, it is more likely that the

increase in reports can be attributed to increased outreach and services available to Hispanic communities, including the Spanish hotline, Llámanos.

- In 1997, centers began collecting information on the primary language of the survivor. That year, 8% of survivors had a primary language other than English, and 5% of all survivors identified Spanish as their primary language.

- Rural counties had the highest rates of reported assaults. For example, in 1997, Franklin County had an age adjusted rate of 12.3 reports per 10,000 residents, Nantucket's rate was 11.4 reports per 10,000 residents, and Hampshire County had a rate of 9.5 reports per 10,000 residents. In comparison, the statewide rate was 3.4 reports per 10,000 residents. One reason for this discrepancy may be the larger number of other crisis intervention services available in urban areas.

- The majority of survivors were assaulted by someone known to them. From 1994 through 1996, 40% of survivors were assaulted by a friend or acquaintance, 14% of survivors had been assaulted by a parent or stepparent, and 10% by another relative. During the past ten years, an increasing proportion of reports has come from female survivors assaulted by an intimate partner or date. From 1988 through 1996, among assaults on females, the number reporting assault by an intimate partner rose from 11% to 20%.

- In the majority of reports, the assailant was a lone male assailant. In 7% of assaults on females and 16% of assaults on males, the assault was perpetrated by more than one person.

- One quarter of all reports came from incest survivors. In these reports, the assailant was most often a parent or stepparent. The majority of incest survivors were assaulted as children: 51% were younger then 13 and 37% were between the ages of 13 and 19 at the most recent assault. Nearly 80% of incest survivors said they had been assaulted more than once.

- Ten percent of Massachusetts residents surveyed believe "It might be OK" to make a spouse have sex without his or her consent.

Comparison of Survivor Demographics in RCC Reports to National and Statewide Data

According to the 1994 National Crime Victimization Survey, female survivors accounted for 93% of the reported rapes and other sexual assaults to individuals age 12 and older in the United States.[18] In contrast, females accounted for 97% of the 1994 RCSS reports of survivors in that age group. While there may be differences between national and Massachusetts patterns of sexual assault, these numbers suggest that male survivors may be underrepresented in RCC services.

[18] US Department of Justice, Bureau of Justice Statistics, *Sex Differences in Violent Victimization, 1994*, September 1994, NCJ-164508.

The Youth Risk Behavior Survey (YRBS) showed that the prevalence of sexual assault among Massachusetts high school students did not differ by race or ethnicity.[19] If this equivalence across racial/ethnic groups continues into adulthood, we would expect that all racial and ethnic groups to be appropriately represented in rape crisis center reports. When the percentage of reports from racial minority survivors[20] is compared to the percentage of racial minorities in the Massachusetts population[21], it appears that RCCs have been successful at reaching survivors in many traditionally underserved groups, with the exception of Asian-American survivors. However, the large number of reports missing the survivor's race or ethnicity makes it difficult to draw meaningful conclusions.

The YRBS also showed that the prevalence of sexual assault among high school students did not differ by residence in an urban, suburban, or rural area. However, the RCSS data showed higher rates of reported assault in rural counties. This discrepancy may be explained in part by the availability of other support services for survivors living in urban areas. In addition, survivors in rural areas may have a heightened concern for privacy which can be harder to achieve in a town with few physicians or counselors. Therefore, the anonymity of RCC services would be more desirable. However, it is unlikely that these reasons alone could account for the large urban/rural discrepancies in reported assaults and the data may indicate a need for increased outreach in urban and suburban areas such as Norfolk and Suffolk counties.

In addition, researchers have suggested that rates of intimate partner violence are no lower in same-sex relationships than in heterosexual couples.[22] The small number of reports where the survivor was assaulted by a same sex partner suggests increased outreach is needed to the gay, lesbian, bisexual and transgender communities.

Recommendations for Research and Practice

- Expand public information and outreach to encourage contact with rape crisis centers and reporting of sexual assault.
- Continue to strengthen collaborations between rape crisis centers, hospital emergency departments, and local and state police.
- Enhance outreach to adults and adolescents in sexually abusive relationships.
- Enhance prevention research and program evaluation to better understand how to prevent sexual assault.

Findings in this report indicate that in a substantial percentage of cases there may be a long delay between a sexual assault and first contact with a rape crisis center, and that fewer than half of survivors report the assault to police or a hospital. Measures must be taken to ensure survivors find the services that they require as quickly as possible. Research should be undertaken to

[19] Massachusetts Department of Education, "1997 Youth Risk Behavior Survey Results," August 1998.
[20] In 1997, survivors utilizing RCCs who identified their race or ethnicity were 77% White, 7% Black, 11% Hispanic, 1.5% Asian, 1.5% Multiracial, 0.3% Native American and 2% "Other" (n=1584, missing=665 or 30%).
[21] According to Census estimates, the population of Massachusetts in 1997 was 85% White, 6% Black, 6% Hispanic, 3% Asian or Pacific Islander, and 0.2% Native American.
[22] Elliott, P, "Shattering Illusions: Same Sex Domestic Violence," Violence in Gay and Lesbian Domestic Partnerships. Binghamton, NY: The Haworth Press, 1996. C Renzetti, CH Miley, Eds.

examine the barriers survivors face in seeking timely assistance, and interventions should be planned to shorten the delays in seeking care. The process of reporting assaults to police and hospitals should be examined to see if there are systemic issues that discourage reporting.

Rape crisis centers are providing services to a large number of individuals. They appear to be a particularly important resource for survivors of childhood trauma, including incest. In addition to this vital work, centers must continue to reach out to adults and children who are currently in sexually abusive relationships, to prevent further victimization.

Finally, to continue to address primary prevention, we must learn more about the assailants of sexual assaults. Additional research and program evaluation are recommended to more fully understand the best ways to reach and affect would-be assailants.

IV. APPENDIX A

Glossary

Below are the definitions RCCs use to classify each type of assault, and the survivors of assault.

Sexual assault. Throughout the report, this term is used to include completed rape, attempted rape, and physical sexual assault.

Completed rape. Forced vaginal, anal or oral penetration by an object or part of the rapist's body.

Attempted rape. Forced sexual contact that would have resulted in penetration had the assault not been prevented or interrupted.

Physical sexual assault. Any physical sexual contact that is forced, including fondling of private body parts.

Victim/Survivor. "Survivor" is an individual who has been sexually assaulted and has survived this traumatic event. It is a term commonly used by service providers. "Victim" is a term most commonly used in law enforcement and legal processes.

Client. Refers to the person who contacted the RCC and reported the sexual assault; this may be the survivor, a friend, family member, professional, or other person.

APPENDIX B

Data from 1988-1996 include some multiple reports of the same incident.

Table 1. Incidents Reported to Massachusetts Rape Crisis Centers, 1988-1997

Year	Completed Rape	Attempted Rape	Physical Sexual Assault	Total
	N	N	N	N
1988	1508	124	456	2088
1989	1760	124	507	2391
1990	1737	92	398	2227
1991	1852	133	396	2381
1992	2185	167	533	2885
1993	2558	148	566	3272
1994	2204	142	527	2873
1995	2509	126	638	3273
1996	1826	117	436	2379
1997	1690	91	468	2249
Total	19,829	1,264	4,925	26,018

Table 2. Delay Between Assault and First Contact with Rape Crisis Center, by Age at Assault, 1988-1996

Percent that Contacted a Center Within a Week of Being Assaulted

Age	Younger then 13		13-19		20-29		30+	
Year	N	%	N	%	N	%	N	%
1988	48	16	201	31	200	45	121	54
1989	65	18	222	31	208	40	114	50
1990	40	16	207	33	194	44	117	53
1991	41	15	190	31	172	42	82	40
1992	41	12	255	31	173	36	140	46
1993	54	13	249	27	231	41	153	42
1994	34	8	209	27	208	38	136	35
1995	38	9	239	25	214	38	135	38
1996	30	11	178	29	152	40	104	36
Average		13%		29%		40%		43%

Percent that Contacted a Center Over 6 Months After Being Assaulted

Age	Younger then 13		13-19		20-29		30+	
Year	N	%	N	%	N	%	N	%
1988	200	66	287	45	125	28	39	17
1989	232	64	335	48	153	29	43	19
1990	173	69	284	45	133	30	41	19
1991	201	73	276	45	136	33	58	28
1992	236	69	368	45	160	33	77	25
1993	291	71	426	46	177	31	97	27
1994	299	73	389	49	183	33	113	29
1995	332	78	453	48	193	34	117	33
1996	206	78	286	46	129	34	78	27
Average		71%		46%		32%		26%

n=16,694, missing =7075 or 27%

Percents do not equal 100%, because this chart excludes clients who contacted a center between one week and six months of their assault. 1997 data are excluded because this variable was not collected that year.

Table 3. Percent of Reports by Survivor Age and Place of Report, 1995-1997						
Age Group	<13	13-19	20-29	30-60	>60	
Number in each group	1035	2031	1335	909	25	
Percent that reported to:						Average
Family or Friends	65%	73%	60%	52%	64%	65%
Police	27%	36%	38%	40%	72%	36%
Physician or Hospital	20%	30%	35%	36%	56%	30%
Counselor or Therapist	36%	30%	26%	27%	28%	29%
Other	20%	12%	9%	9%	12%	12%
Rape Crisis Center only	16%	12%	19%	22%	*	16%

* Less then 1% of respondents

Table 4. Reasons Why Survivors Did Not Report Assault to Police, 1994-1996		
Reason	N	Percent
Embarrassment, shame, desire to keep the assault a secret	1822	39
Fear of retaliation by assailant	1562	34
Fear of not being believed	1476	32
Concern about the effect on family or significant others	1377	30
Pain of retelling incident	1322	29
Lack of confidence in criminal justice system	865	17
Fear of media publicity	154	3
Prior bad experience with police/criminal justice system	151	3
Language or cultural barriers	147	3
Insufficient time	85	2
Other	664	14
Did not answer question	1249	27

* Less than 1% of respondents
Percentages may not equal 100% due to rounding.
Percentages total more than 100% as more than one reason could be given.

Table 5. Median Age of Survivors at the Most Recent Assault, by Type of Assault and Gender of Survivor, 1995-1997

	Women		Men	
Type of Assault	Number of Assaults	Median Age	Number of Assaults	Median Age
Completed Rape	3495	18	179	14
Attempted Rape	211	20	15	17
Physical Sexual Assault	869	14	106	10

Table 6. Survivor Age at Most Recent Assault, 1988-1997

Age Group	Year									
	1988		1989		1990		1991		1992	
	N	%	N	%	N	%	N	%	N	%
<1-12	313	15	381	16	261	12	302	13	383	13
13-19	653	31	717	30	650	29	651	27	851	30
20-29	456	22	526	22	450	20	427	18	496	17
30-59	219	10	231	10	220	10	203	9	307	11
60+	8	*	2	*	3	*	9	*	9	*
Unknown	439	21	534	22	643	29	789	33	839	29
Age Group	Year									
	1993		1994		1995		1996		1997	
	N	%	N	%	N	%	N	%	N	%
<1-12	435	13	431	15	443	14	278	12	485	22
13-19	956	29	811	28	985	30	643	27	580	26
20-29	578	18	561	20	579	18	395	17	500	22
30-59	359	11	381	13	357	11	287	12	351	16
60+	10	*	8	*	9	*	7	*	10	*
Unknown	934	29	681	24	900	28	770	32	324	14

Age Group	Total	
	N	%
<1-12	4069	15
13-19	8002	29
20-29	5337	19
30-59	3212	12
60+	79	*
Unknown	7068	25

* Less than 1% of reports

Percents may not equal 100% due to rounding. Please note that 25% of survivors' ages were unknown, therefore interpretation of results should be made with caution.

Table 7. Survivor Gender, 1988-1997						
Year	Female		Male		Unknown	
	N	%	N	%	N	%
1988	1936	93	134	6	18	1
1989	2213	93	164	7	14	1
1990	2091	94	114	5	22	1
1991	2234	94	137	6	10	*
1992	2686	93	179	6	20	1
1993	3048	93	207	6	17	1
1994	2701	94	148	5	24	1
1995	3066	94	176	5	31	1
1996	2218	93	137	6	24	1
1997	2076	92	154	7	19	1
Total N	24269	93	1550	6	199	1

*Less than 1% of reports

Table 8. Survivor's Race and Hispanic Ethnicity, 1988-1997																
Year	Asian		Black non-Hispanic		Hispanic		Native American		White non-Hispanic		Multiracial		Other		Unknown	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1988	10	*	96	5	76	4	6	*	1372	66	14	1	17	1	497	24
1989	20	1	121	5	115	5	3	*	1638	69	13	1	30	1	451	19
1990	16	1	131	6	86	4	3	*	1450	65	14	1	25	1	502	23
1991	42	2	132	6	95	4	4	*	1372	58	10	*	31	1	695	29
1992	21	1	133	5	114	4	3	*	1724	60	27	1	35	1	828	29
1993	51	2	172	5	191	6	10	*	1864	57	21	1	36	1	927	28
1994	25	1	137	5	175	6	7	*	1856	65	12	*	49	2	612	21
1995	24	1	163	5	192	6	10	*	2002	61	27	1	53	2	802	25
1996	23	1	93	4	138	6	6	*	1324	56	20	1	52	2	723	30
1997	23	1	111	5	172	8	4	*	1214	54	24	1	36	2	665	30
Total	255	1	1289	5	1354	8	56	*	15816	54	182	1	364	2	6702	30

* Less than 1% of reports
Percents may not equal 100% due to rounding. Note that 30% of these data are missing, therefore interpretation of results should be made with caution.

Table 9. Survivor's Primary Language (Feb-Dec 1997 only)		
Language	N	%
English	1724	82%
Spanish	104	5%
Portuguese	11	1%
Creole	10	*
Khmer	4	*
Chinese	3	*
Russian	1	*
Other	13	1%
Unknown	226	11%
Total	2096	100%

* less than 1% of reports

Statistics were not collected on the primary language of the survivor until February 1997. The small number of reports of other languages makes it difficult to make stable estimates of reported assaults by survivors whose first language is not English or Spanish.

Table 10. Disability Status of Survivors, 1988-1997

Year	Disabled		Not Disabled		Unknown	
	N	%	N	%	N	%
1988	169	8	1454	70	465	22
1989	168	7	1775	74	448	19
1990	186	8	1484	67	557	25
1991	180	8	1514	64	687	29
1992	203	7	1879	65	803	28
1993	258	8	2183	67	831	25
1994	254	9	2076	72	543	19
1995	224	7	1791	55	1258	38
1996	171	7	1508	63	700	29
1997	267	12	1052	47	930	41
Total	2080	8	16716	64	7222	28

Note that in 28% of cases, survivors' disability status is missing, therefore interpretation of results should be made with caution. Percents may not equal 100% due to rounding.

Table 11. Rates of Reported Sexual Assaults by County, February-December 1997				
County	Rate Per 10,000 Residents		Number of Reported Assaults	Percent
	Age Adjusted	Crude Rate		
Barnstable	6.6	5.6	32	3
Berkshire	7.9	7.5	49	4
Bristol	4.2	4.1	98	8
Dukes	5.3	4.8	3	*
Essex	3.6	3.5	116	10
Franklin	12.3	12.0	30	3
Hampden	3.5	3.4	72	6
Hampshire	9.5	10.6	87	7
Middlesex	3.1	3.1	168	14
Nantucket	11.4	10.5	5	*
Norfolk	1.5	1.4	38	3
Plymouth	4.0	4.2	99	9
Suffolk	1.7	1.9	59	5
Worcester	4.0	4.0	119	10
Contacts from out of state			8	1
Unknown			179	15

Data were not collected on this variable until February 1997.

* Less than 1% of respondents

Table 12. Survivor-Assailant Relationship, by Age of Survivor, 1994-1996

Survivor-Assailant Relationship	Age of Survivor at Most Recent Assault				Total percent of reports in each relationship category
	<13	13-19	20-29	>30	
	%	%	%	%	
Stranger	3	8	15	15	10
Spouse or Partner	*	6	16	25	11
Ex-spouse or partner	*	4	9	8	5
Parent or Stepparent	37	14	5	2	14
Other Relative	27	9	4	4	10
Friend or Acquaintance	17	51	44	32	40
Caretaker or Babysitter	6	1	*	1	2
Professional Relationship	2	4	4	8	4
Other	6	4	4	4	4
Total	100%	100%	100%	100%	100%
Number of reports	1088	2230	1448	1006	5772

Missing=2753 or 32%

* Less than 1% of reports

Table 13. Age of Assailant by Type of Assault and Gender of Survivor, 1995-1997

Type of assault	Gender of Survivor	Age of assailant: One assailant					% with multiple assailants
		<13	13-19	20-29	30-60	>60	
		%	%	%	%	%	
Rape	Female	1	20	35	35	1	8
	Male	3	14	20	40	1	22
Attempted rape	Female	2	16	35	39	2	6
	Male	6	18	20	49	0	7
Physical Sexual Assault	Female	6	16	16	51	4	7
	Male	12	19	20	37	1	11

Assailant age was not known or reported in 35% of rapes, 27% of attempted rapes, and 31% of physical sexual assaults.
* Less than 1% of respondents
Percents may not equal 100% due to rounding.

Table 14. Number of Assailants by Age, 1988-1997

Year	Single Assailant										Group of Assailants		Unknown	
	< 13		13-19		20-29		30-60		>60					
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1988	23	1	230	11	481	23	596	29	18	1	131	6	609	29
1989	34	1	288	12	610	26	660	28	21	1	132	6	646	27
1990	26	1	251	11	494	22	536	24	12	1	149	7	759	34
1991	34	1	273	11	439	18	528	22	10	*	159	7	938	39
1992	40	1	371	13	539	19	631	22	39	1	149	5	1116	39
1993	58	2	428	13	658	20	800	24	28	1	191	6	1109	34
1994	50	2	375	13	646	22	803	28	17	1	166	6	816	28
1995	84	3	440	13	687	21	835	26	35	1	166	5	1025	31
1996	40	2	255	11	399	17	541	23	27	1	105	4	1012	43
1997	45	2	270	12	355	16	596	27	18	1	91	4	873	39
Total	434	2	3181	12	5308	20	6526	25	225	1	1439	6	8903	34

Table 15. Reports by Gender of Survivor, Gender of Assailant and Number of Assailants, 1995-1997

Gender of Survivor	Single Assailant				Group of Assailants						Unknown	
	Male		Female		Males		Females		Mixed group			
	N	%	N	%	N	%	N	%	N	%	N	%
Female	6078	83	113	2	383	5	7	*	65	1	714	10
Male	311	67	34	7	37	8	6	1	20	4	59	13
Total	6445	82	147	2	422	5	13	*	88	1	786	10

* Less then 1% of reports.
Percents may not equal 100% due to rounding.

Table 16. Gender of the Assailant, 1988-1997

Year	Single Assailant				Group of Assailants						Unknown	
	Male		Female		Males		Females		Mixed group			
	N	%	N	%	N	%	N	%	N	%	N	%
1988	1755	84	42	2	136	7	4	*	20	1	131	6
1989	2054	86	49	2	140	6	8	*	15	1	125	5
1990	1828	82	25	1	170	8	3	*	19	1	182	8
1991	1912	80	30	1	168	7	1	*	23	1	247	10
1992	2389	83	34	1	150	5	1	*	27	1	284	10
1993	2640	81	51	2	217	7	4	*	38	1	322	10
1994	2427	84	48	2	160	6	2	*	29	1	207	7
1995	2698	82	54	2	183	6	1	*	43	1	294	9
1996	1931	81	42	2	132	6	9	*	20	1	245	10
1997	1816	81	51	2	107	5	3	*	25	1	247	11
Total	21450	82	426	2	1563	6	36	*	259	1	2284	9

* Less than 1% of reports

Table 17. Odds Ratio of Reporting an Assault by Place of Report and Age of Survivor: Comparing Incest Survivors with Survivors who were Assaulted by a Stranger

Place of Report	Age of Incest Survivor at the Most Recent Assault			
	1-12	13-19	20-29	>30
	Odds Ratio (95% Confidence Interval)	Odds Ratio (95% Confidence Interval)	Odds Ratio (95% Confidence Interval)	Odds Ratio (95% Confidence Interval)
Family or Friends	0.83 (.57-1.2)	*0.81 (.67-.99)	*0.70 (.54-.91)	*0.64 (.44-.93)
Police	*0.30 (.21-.43)	*0.23 (.19-.28)	*0.14 (.11-.19)	*0.16 (.11-.24)
Physician or Hospital	*0.48 (.33-.71)	*0.15 (.12-.18)	*0.18 (.13-.23)	*0.14 (.09-.22)
Counselor or Therapist	*2.35 (1.5-3.6)	*1.85 (1.5-2.3)	*1.95 (1.5-2.6)	1.51 (1.0-2.3)
Other	*2.07 (1.3-3.4)	*2.07 (1.6-2.7)	1.38 (.89-2.2)	0.96 (.50-1.9)
Rape Crisis Center Only	1.32 (.78-2.23)	*1.53 (1.2-2.0)	*2.20 (1.6-3.1)	*3.48 (2.2-5.5)

* Indicates statistical significance at p=.05.
Because of the small numbers of adults over 60 in these relationship categories, that age group was combined with the adults in the 30-60 age group. Odds ratios were calculated using SAS statistical software. Reference group: Survivors assaulted by strangers.